

PETITION TO PROHIBIT HARASSMENT

THE LAW DOES NOT ALLOW PERSONNEL OF THE OFFICE OF THE CLERK OF THE SUPERIOR COURT TO ASSIST IN THE SELECTION OR PREPARATION OF ANY FORMS OR TO ADVISE YOU AS TO ANY PROCEDURE TO BE FOLLOWED IN OBTAINING A JUDGMENT

Attached are the forms usually necessary for lawsuits to prohibit harassment.

Form #	Title	Number of Copies
CH-150	Can a Civil Harassment Restraining Order Help Me?	1
CH-100	Request for Orders to Stop Harassment	1
CH-110	Answer to Request for Orders to Stop Harassment	1
CH-120	Notice of Hearing and Temporary Restraining Order (CLETS)	1
CH-130	Proof of Personal Service	1
CH-131	Proof of Service by Mail	1
CH-140	Restraining Order After Hearing to Stop Harassment (CLETS)	1
CH-101	Request and Order for Free Service of Restraining Order	1
982(a)(17)	Application for Waiver of Court Fees and Costs	1

ALL FORMS MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK AND SIGNED.

Complete all forms in their entirety, i.e., all boxes checked as applicable; attachments attached, if applicable; and “NONE”, “NOT APPLICABLE”, or “UNKNOWN” typed in if required.

Notice Regarding Free Service of Harassment Orders

You may be entitled to free service of process by the Monterey County Sheriff’s Office of your harassment order if there are allegations of stalking or sexual assault.

If you would like to obtain free service of your harassment order please also complete the attached Application for Waiver of Fees and Costs, 982(a)(17), and Request and Order for Free Service of Restraining Order, CH-101/DV-290. Free service will not be provided if these forms are not completed.

What is a Civil Harassment Restraining Order?

It is a court order that helps protect people from harassment.

Can I get a Civil Harassment Restraining Order?

You can ask for one if you are worried about your safety because someone:

- Stalked
- Harassed
- Sexually assaulted *or*
- Threatened you with violence.

How will the order help me?

The court can order a person to:

- Not harass or threaten you
- Not contact or go near you *and*
- Not have a gun

You can also ask for protection for other family or household members.

What forms do I need to get the order?

Fill out Forms CH-100 and CH-120. Then file them with the court clerk.

Where can I get these forms?

You can get the forms at any courthouse or county law library at: www.courtinfo.ca.gov/forms

How soon can I get the order?

If you ask for a temporary restraining order (Form CH-120), the court will decide within 24 hours whether or not to make the order. Sometimes the court decides sooner.

How long does the order last?

If the court makes a temporary order, it will last until your hearing date. At that time, the court will decide to continue or cancel the order. The order could last for up to 3 years.

How will the person to be restrained know about the order?

Someone over 18 years of age—not you or anyone else protected by the order— must “serve” (give) the person to be restrained a copy of the order. For help with service, ask the court clerk for Form CH-135.

What if the restrained person does not obey the order?

Call the police. The restrained person can be arrested and charged with a crime.

How much does it cost?

That depends on the type of harassment. If the restrained person has used or threatened to use violence against you or has stalked you, you do not have to pay a filing fee.

If you cannot afford to pay the filing fee, ask the clerk how to apply for a fee waiver.

You are entitled to free service of the court’s order by a sheriff or marshal, if the order is based on fear of sexual assault or stalking. Use Form CH-101 to request free service. If you are not eligible for free service, you may pay the sheriff or marshal to serve the order.

The court can make the person who loses the case pay all the court fees and the lawyer’s fees for the other party.

Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk’s office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code, § 54.8.)



Do I have to go to court?

Yes. Go to court on the date the clerk gives you.

Do I need a lawyer?

No. But it is a good idea. Ask the court clerk about free and low-cost legal services and self-help centers in your county.

Do I need to bring a witness to the court hearing?

No. But it helps to have proof of the harassment. You can bring:

- A written statement from witnesses made under oath
- Witnesses
- Photos
- Medical or police reports
- Damaged property
- Threatening letters, e-mails, or telephone messages

The court may or may not let witnesses speak at the hearing. So, if possible, you should bring witnesses' written statements under oath to the hearing. (You can use Form MC-030 for this.)

Will I see the restrained person at the court hearing?

If the person comes to the hearing, yes. But that person does not have the right to speak to you. If you are afraid, tell the court officer.

Can I bring someone with me to court?

Yes. You can bring someone to sit with you during the hearing. But that person cannot speak for you in court. Only you or your lawyer (if you have one) can speak for you.

What if I don't speak English?

When you file your papers, ask the clerk if a court interpreter is available. You may have to pay a fee for the interpreter. If the interpreter is not available for your court date, bring someone to interpret for you. You cannot ask a child under 18 to interpret for you.

What if I am deaf?

If you are deaf, contact the clerk at least 5 days before the hearing. Ask for an interpreter or other accommodation. (See information on Requests for Accommodations at the bottom of page 1.)

What if I move?

Your restraining order works anywhere in the United States. If you move out of California, contact your new local police so they will know about your orders.

Need more information?

Ask the court clerk about free or low-cost legal help.

For help in your area, contact:

[Local information may be inserted.]

Clerk stamps date here when form is filed.

1 Your name (person asking for protection):Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: _____ State: _____ Zip: _____

Your telephone number (*optional*): (_____) _____Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*):

Fill in court name and street address:

Superior Court of California, County of**2** Name of person you want protection from:Describe the person: Sex: ☐ M ☐ F Weight: _____

Height: _____ Race: _____ Hair Color: _____

Eye Color: _____ Age: _____ Date of Birth: _____

Home Address (*if you know*): _____

City: _____ State: _____ Zip: _____

Work Address (*if you know*): _____

City: _____ State: _____ Zip: _____

3 Besides you, who needs protection? (*Family or household members*)

Full Name	Sex	Age	Lives with you?	How are they related to you?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

☐ Check here if you need more space. Attach a sheet of paper and write "CH-100, item 3—Describe Protected Persons" at the top of the page.**4** Why are you filing in this court? (*Check all that apply*):☐ The person in **2** lives in this county.☐ I was hurt (physically or emotionally) by the person in **2** here.☐ Other (*specify*): _____**5** How do you know the person in **2**? (*Describe*):**This is not a Court Order.**

Your name: _____

Case Number: _____

6 Describe how the person in **2** has harassed you:

a. Date of most recent harassment: _____

b. Who was there? _____

c. Did the person in **2** commit any acts of violence or threaten to commit any acts of violence against you?

☐ Yes ☐ No

If yes, describe those acts or threats: _____

d. Did the person in **2** engage in a course of conduct that harassed you and caused substantial emotional distress? ☐ Yes ☐ No

If yes, describe: _____

e. Did the conduct of the person in **2** described above seriously alarm, annoy, or harass you? ☐ Yes ☐ No

☐ Check here if you need more space. Attach a sheet of paper and write "CH-100, item 6—Describe Harassment" at the top of the page.

Check the orders you want ☒

7 ☐ **Personal Conduct Order**

I ask the court to order the person in **2** to NOT do the following things to me or anyone listed in **3**:

a. ☐ Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, destroy personal property, keep under surveillance, or block movements.

b. ☐ Contact (either directly or indirectly), or telephone, or send messages or mail or e-mail.

8 ☐ **Stay-Away Order**

I ask the court to order the person in **2** to stay at least (specify): _____ yards away from me and the people listed in **3** and the places listed below: (Check all that apply):

a. ☐ My home

d. ☐ My vehicle

b. ☐ My job or workplace

e. ☐ Other (specify): _____

c. ☐ My children's school or child care _____

If the court orders the person in **2** to stay away from all the places listed above, will that person still be able to get to his or her home, school, or job? ☐ Yes ☐ No

If no, explain: _____

9 ☐ **Others to Be Protected**

Should the other people listed in **3** also be covered by the orders described above?

☐ Yes

☐ No

☐ Does not apply

If yes, explain: _____

This is not a Court Order.



Your name: _____

Case Number: _____

10 Order About Guns or Other Firearms

I ask the court to order the person in ② to be prohibited from owning, possessing, purchasing, or receiving, or attempting to purchase or receive firearms **and** to sell or turn in any guns or firearms that he or she controls.

11 ☐ Other Orders

I ask the court to order the person in ② to (specify): _____

12 ☐ Temporary Orders

Do you want the court to make orders now on the matters listed in ⑦, through ⑪ that will last until the hearing? ☐ Yes ☐ No

If yes, explain why you need these orders right now: _____

☐ Check here if you need more space. Attach a sheet of paper and write "CH-100, item 12—Temporary Orders" at the top of the page.

13 Delivery of Orders to Law Enforcement

My lawyer or I will give copies of the orders to the following law enforcement agencies:

a. Name of Agency: _____
Address: _____
City: _____ State: _____ Zip: _____

b. Name of Agency: _____
Address: _____
City: _____ State: _____ Zip: _____

14 ☐ Other Court Cases

Have you ever asked any court for other restraining orders against the person in ② ? ☐ Yes ☐ No

If yes, specify the counties and case numbers if you know them: _____

15 ☐ Time for Service

You must have your papers personally served on (notify) the person in ② at least 5 days before the hearing, unless the court orders a different time for service. (Form CH-135 explains "What is Proof of Service?" Form CH-130 may be used to show the court that the papers have been served.) If your papers cannot be served at least 5 days before the hearing and you need more time, explain why:

This is not a Court Order.



Your name: _____

16 ☐ **No Fee for Filing**

I ask the court to waive the filing fee because the person in ② has used or threatened to use violence against me, has stalked me, or has acted or spoken in some other way that makes me reasonably fear violence. I am asking for a restraining order to stop this conduct.

17 ☐ **No Fee to Serve Orders**

I ask the court to order the sheriff or marshal to serve (notify) the person in ② about the orders for free because that person has stalked me or threatened me with sexual assault.

(To get free service of the court's orders without paying a fee, you must fill out and file the Request and Order for Free Service of Restraining Order (Form CH-101), and if you qualify for a fee waiver, you must also fill out and file the Application for Waiver of Court Fees and Costs (Form 982(a)(17).)

18 ☐ **Lawyer's Fees and Costs**

I ask the court to order payment of my:

- a. ☐ Lawyer's fees
b. ☐ Out-of-pocket expenses

The amounts requested are:

<u>Item</u>	<u>Amount</u>	<u>Item</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

- ☐ Check here if you need more space. Attach a sheet of paper and write "CH-100, item 18—Lawyer's Fees and Costs" at the top of the page.

19 **Additional Relief**

I ask the court for additional relief as may be proper.

20 Number of pages attached to this form, if any: _____

Date: _____

Attorney's name▶ _____
Attorney's signature

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

Type or print your name▶ _____
*Sign your name***This is not a Court Order.**

Clerk stamps date here when form is filed.

1 Name of person who asked for the order:

2 Your name: _____

Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: _____ State: _____ Zip: _____

Your telephone (*optional*): (____) _____

Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*): _____

Fill in court name and street address:

Superior Court of California, County of

Use this form to give the court your answers to CH-100

- Read Form CH-151 to protect your rights.
- Fill out this form and then take it to the court clerk.
- Serve the person in ① with a copy of this form and any attached pages.

Fill in case number:

Case Number:

3 ☐ **Personal Conduct Orders**

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested.
- c. ☐ I agree to the following order (*specify*):

The court will consider your Answer at the hearing.
Write your hearing date and time here:

Hearing Date → Date: _____ Time: _____
Dept.: _____ Room: _____

You must obey the court's orders until the hearing. If you do not come to this hearing, the court may make the orders requested against you last for up to 3 years.

4 ☐ **Stay Away Orders**

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested.
- c. ☐ I agree to the following order (*specify*): _____

5 ☐ **Turn In Guns or Other Firearms**

- a. ☐ I do not own or have any guns or firearms.
- b. ☐ I agree to the order requested.
- c. ☐ I do not agree to the order requested.
- d. ☐ I agree to the following order (*specify*): _____

6 ☐ **Other Orders**

- a. ☐ I agree to the orders requested.
- b. ☐ I do not agree to the orders requested.
- c. ☐ I agree to the following orders (*specify*): _____



Your name: _____

7 ☐ **Emotional Distress**

- a. ☐ The person in ① has not suffered emotional distress. *(Explain):* _____

- b. ☐ A reasonable person in the same position as the person in ① would not have suffered emotional distress. *(Explain):* _____

- c. ☐ If the person in ① has suffered any emotional distress, it is not because of what that person has accused me of doing. *(Explain):* _____

8 ☐ **Purpose of Actions**

What I did to the person in ①—if anything—was not done on purpose.

9 ☐ **Denial**

- a. ☐ I did not do anything described in ⑥ of Form CH-100. *(Skip to ⑪.)*
- b. ☐ I did some or all of the things described in ⑥ of Form CH-100. *(Explain in ⑩–⑪.)*

10 ☐ **Reason or Excuse**

I have done some or all of the things the person in ① has accused me of, but:

- a. ☐ What I did was legal. *(Explain):* _____

- b. ☐ I had a good reason for doing these things. *(Explain):* _____

- c. ☐ I have other reasons to justify what I did. *(Explain):* _____

11 ☐ **The court should not make an order against me because:** *(List facts or reasons below):*

☐ Check here if you need more space. Attach a sheet of paper and write “CH-110, Item 11— Facts and Reasons” at the top. Give specific facts and reasons.



Case Number:

Your name: _____

12 ☐ **No Fee for Filing**

I ask the court to waive the filing fee because the person in ① claims that I have used or threatened to use violence against them or have acted in some other way that would make them reasonably fear violence.

13 ☐ **Lawyer's Fees and Costs**

I ask the court to order payment of my:

a. ☐ Lawyer's fees

b. ☐ Out-of-pocket expenses

because the temporary restraining order was issued without enough supporting facts.

The amounts requested are:

Item	Amount	Item	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

14 ☐ **Other Relief**

I ask for additional relief as may be proper.

15 Number of pages attached to this form, if any: _____

Date: _____

Attorney's name

► _____
Attorney's signature

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

Type or print your name

► _____
Sign your name

Clerk stamps date here when form is filed.

1 Name of person asking for protection:

Address (skip this if you have a lawyer): (If you want your address to be private, give a mailing address instead):

City: _____ State: _____ Zip: _____

Your telephone number (optional): (_____) _____

Your lawyer (if you have one): (Name, address, telephone number, and State Bar number): _____

Fill in court name and street address:

Superior Court of California, County of**2** Name of person to be restrained:

Description of that person:

Court fills in case number when form is filed.

Case Number:Sex: ☐ M ☐ F Height: _____ Weight: _____ Race: _____

Hair Color: _____ Eye Color: _____ Age: _____ Date of Birth: _____

Home Address (if known): _____

City: _____ State: _____ Zip: _____

Work Address (if known): _____

City: _____ State: _____ Zip: _____

To the person in ②:**3 Notice of Hearing****A court hearing is scheduled on the request for orders against you to stop harassment:**

Name and address of court if different from above:

**Hearing
Date** →

Date: _____ Time: _____

Dept.: _____ Rm.: _____

If you do not want the court to make orders against you, file Form CH-110. Then go to the hearing and tell the court why you disagree. You may bring witnesses and other evidence. If you do not go to this hearing, the court may make restraining orders against you that could last up to 3 years.

4 Court Orders

The court (check a or b):

a. ☐ Has scheduled the hearing stated in ③. No orders are issued against you at this time.

b. ☐ Has scheduled the hearing stated in ③ **and** has issued the temporary orders against you specified on page 2. If you do not obey these orders, you can be arrested and charged with a crime. And you may have to go to jail, pay a fine of up to \$1,000, or both.

This is a Court Order.

Your name: _____

☐ **Temporary Orders Against the Restrained Person**

(Write the name of the person in ②): _____

The court has made the temporary orders indicated below against you. You must obey all these orders. These orders will expire on the date of the hearing listed in ③ unless they are extended by the court.

5 ☐ **Personal Conduct Orders**You must **not** do the following things to the people listed in ① and ⑩:

- ☐ a. Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, destroy personal property, keep under surveillance, or block movements.
- ☐ b. Contact (directly or indirectly), telephone, send messages, mail, or e-mail.

Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case is allowed and does not violate this Order.

6 ☐ **Stay-Away Order**You **must** stay at least (specify): _____ yards away from:

- | | | |
|--|---|---|
| a. <input type="checkbox"/> The person listed in ① | e. <input type="checkbox"/> Vehicle of person in ① | <input type="checkbox"/> Vehicles of persons in ⑩ |
| b. <input type="checkbox"/> The people listed in ⑩ | f. <input type="checkbox"/> The protected children's school or child care | |
| c. <input type="checkbox"/> The home of the persons in ① and ⑩ | g. <input type="checkbox"/> Other (specify): _____ | |
| d. <input type="checkbox"/> Jobs or workplaces of the persons in ① and ⑩ | _____ | |

This stay-away order does not prevent the person in ② from going to or from that person's home or place of employment.

7 **No Guns or Other Firearms**

You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get a gun or firearm.

8 **Turn In or Sell Guns or Firearms**

You must:

- Sell to a licensed gun dealer or turn in to police any guns or firearms that you possess or control. This must be done within 48 hours of receiving this order. But if you were at a hearing on this order, it must be done within 24 hours of the hearing.
- Bring a receipt to the court within 72 hours of receiving this order, to prove that guns have been turned in or sold. (You may use Form CH-145 for this.)

9 ☐ **Other Orders (specify):** __________
_____**10** ☐ **Other Protected Persons**

List of the full names of all family or household members protected by these orders:

_____**This is a Court Order.**

Your name: _____

Instructions for the Protected Person**To the person in ①:** (*Write the name of the person in ①*): _____**⑪ Service of Order on Law Enforcement**

If the court issues temporary restraining orders, by the close of business on the date the orders are made, you or your lawyer should deliver a copy of this Order and any proof of service forms to each law enforcement agency listed below.

Name of Law Enforcement Agency: _____

Address (City, State, Zip) _____

_____**⑫ Service of Documents**

You must have someone personally deliver to the person in ② a copy of all the documents checked below:

- a. ☐ CH-120, *Notice of Hearing and Temporary Restraining Order (CLETS)* (completed and file-stamped)
- b. ☐ CH-100, *Request for Orders to Stop Harassment* (completed and file-stamped)
- c. ☐ CH-110, *Answer to Request for Orders to Stop Harassment* (blank form)
- d. ☐ CH-145, *Proof of Firearms Turned In or Sold* (blank form)
- e. ☐ CH-151, *How Can I Answer a Request for Orders to Stop Harassment?*
- f. ☐ Other (*specify*): _____

You must file with the court before the hearing a proof of service of these documents on the person in ②.

⑬ Time for Service (*check a, b, or c*)

- a. ☐ A copy of the documents listed in ⑫ must be served in person to the person in ② at least 5 days before the hearing.
- b. ☐ A copy of the documents listed in ⑫ must be served in person to the person in ② at least 2 days before the hearing.
- c. ☐ A copy of the documents listed in ⑫ must be served in person to the person in ② at least _____ days before the hearing.

⑭ ☐ No Fee for Filing

Filing fees are waived.

⑮ ☐ No Fee for Service of Order by Law Enforcement

The sheriff or marshal will serve this Order without charge because the order is based on a credible threat of violence resulting from a threat of sexual assault or on stalking.

Date: _____

▶ _____
Judicial Officer

This is a Court Order.

Your name: _____

Warnings and Notices to the Restrained Person in ②**You Cannot Have Guns or Firearms**

You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get a gun while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to a licensed gun dealer or turn in to police any guns or firearms that you have or control in accordance with item ⑧ above. The court will ask you for proof that you did so. If you do not obey this Order, you can be charged with a crime.

Instructions for Law Enforcement

This Order is effective when made. It is enforceable anywhere in all 50 states, the District of Columbia, all tribal lands, and all U.S. territories and shall be enforced as if it were an order of that jurisdiction by any law enforcement agency that has received the Order, is shown a copy of the Order, or has verified its existence on the California Law Enforcement Telecommunications System (CLETS). If the law enforcement agency has not received proof of service on the restrained person, and the restrained person was not present at the court hearing, the agency shall advise the restrained person of the terms of the Order and then shall enforce it. Violations of this Order are subject to criminal penalties.

**Requests for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before the hearing. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code, § 54.8)

(Clerk will fill out this part)

—Clerk's Certificate—

Clerk's Certificate
[seal]

I certify that this *Notice of Hearing and Temporary Restraining Orders* is a true and correct copy of the original on file in the court.

Date: _____ Clerk, by _____, Deputy

This is a Court Order.

Clerk stamps date here when form is filed.

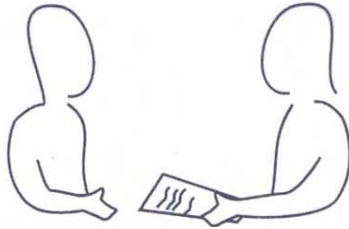
① Name of person asking for protection:

② Name of person you want protection from:

③ **Notice to Server**

The server must:

- Be over 18 years of age.
- Not be listed on the restraining order.
- Give a copy of all documents checked in ④ to the person in ②. (You cannot send them by mail.) Then complete and sign this form, and give or mail it to the person in ①.



Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

PROOF OF PERSONAL SERVICE

④ I gave the person in ② a copy of the documents checked below:

- a. ☐ CH-120, *Notice of Hearing and Temporary Restraining Order (CLETS)*
- b. ☐ CH-100, *Request for Orders to Stop Harassment*
- c. ☐ CH-110, *Answer to Request for Orders to Stop Harassment* (blank form)
- d. ☐ CH-145, *Proof of Firearms Turned In or Sold* (blank form)
- e. ☐ CH-151, *How Can I Answer a Request for Orders to Stop Harassment?*
- f. ☐ CH-140, *Restraining Order After Hearing to Stop Harassment*
- g. ☐ Other (*specify*): _____

⑤ I personally gave copies of the documents checked above to the person in ② :

a. On (*date*): _____ b. At (*time*): _____ ☐ a.m. ☐ p.m.

c. At this Address: _____

City: _____ State: _____ Zip: _____

⑥ **Server's Information**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

(If you are a registered process server):

County of registration: _____ Registration number: _____

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

Type or print server's name

Server to sign here

Clerk stamps date here when form is filed.

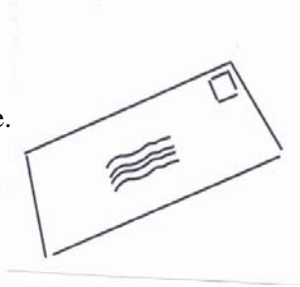
1 Name of person asking for protection:

2 Your name:

3 **Notice to Server**

The server must:

- Be over 18 years of age.
- Be a resident or employed in the county where the mailing took place.
- Not be a party in the case.
- Mail a copy of all documents checked in 4 to the person in 1. Complete and sign this form and give it to the person in 2.



Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

PROOF OF SERVICE BY MAIL

4 I am over 18 years of age and am a resident or employed in the county where the mailing took place. I mailed the person in 1 a copy of all documents checked below:

- a. ☐ CH-110, *Answer to Request for Orders to Stop Harassment*
- b. ☐ Other (*specify*):

5 I placed copies of the documents checked above in a sealed envelope and mailed them as described below:

- a. Mailed from (City): _____ (State): _____
- b. On (Date): _____
- c. To this Address: _____
City: _____ State: _____ Zip: _____

6 **Server's Information**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

(If you are a registered process server):

County of registration: _____ Registration number: _____

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

Type or print server's name

Server to sign here

Clerk stamps date here when form is filed.

1 Your name (*person asking for protection*):Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: _____ State: _____ Zip: _____

Your telephone (*optional*): (_____) _____Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*): _____

Fill in court name and street address:

Superior Court of California, County of**2** Name of person to be restrained:

Fill in case number:

Case Number:

Description:

Sex: ☐ M ☐ F Height: _____ Weight: _____ Race: _____

Hair Color: _____ Eye Color: _____ Age: _____ Date of Birth: _____

3 **Hearing**

There was a hearing:

on (*date*): _____ at (*time*): _____ ☐ a.m. ☐ p.m. Dept.: _____ Rm: __________
(*Name of judicial officer*) made the orders at the hearing.

These people were at the hearing:

- a. ☐ Plaintiff (*the person in ①*) c. ☐ Plaintiff's lawyer (*name*): _____
- b. ☐ Defendant (*the person in ②*) d. ☐ Defendant's lawyer (*name*): _____

4 **This Is a Court Order**

You must obey all the orders indicated below. If you do not obey this Order, you can be arrested and charged with a crime. And you may have to go to jail, pay a fine of up to \$1,000, or both.

5 **Expiration Date**

This Order, except for an award of lawyer's fees, expires at:

(*time*): _____ ☐ a.m. ☐ p.m. or ☐ midnight on (*date*): _____

If no date is present, this Order expires three years from the date of issuance.

This is a Court Order.

Your name: _____

6 ☐ Personal Conduct OrdersYou must ***not*** do the following things to the people listed in ① and ⑪:

- a. ☐ Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, destroy personal property, keep under surveillance, or block movements.
- b. ☐ Contact (directly or indirectly), telephone, send messages, mail or e-mail.

Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case does not violate these orders.

7 ☐ Stay-Away OrderYou must stay at least (*specify*): _____ yards away from:

- a. ☐ The person listed in ① e. ☐ Vehicle of person in ① ☐ Vehicles of persons in ⑪
- b. ☐ The people listed in ⑪ f. ☐ The protected children's school or child care
- c. ☐ The home of the persons in ① and ⑪ g. ☐ Other (*specify*): _____
- d. ☐ Jobs or workplaces of the persons
in ① and ⑪ _____

This stay away order does not prevent the person in ② from going to or from that person's home or place of work.

8 ☐ No Guns or Other Firearms

You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get a gun or firearm.

9 ☐ Turn In or Sell Guns or Firearms

You must:

- Sell to a licensed gun dealer or turn in to police any guns or firearms that you possess or control
This must be done within 48 hours of receiving this order. But if you were at a hearing on this order, it must be done within 24 hours of the hearing.
- Bring a receipt to the court within 72 hours of receiving this order, to prove that guns have been turned in or sold. (*You may use CH-145 for this.*)

10 ☐ Other Orders (*specify*): _____

11 ☐ Other Protected Persons

List of the full names of all family and household members protected by these orders:

_____**This is a Court Order.**

Case Number: _____

Your name: _____

Instructions for the Protected Person

To the person in ① (Write the name of the person in ①): _____

⑫ ☐ **Delivery to Law Enforcement**

If the court issues restraining orders, by the close of business on the date this Order is made, you or your attorney must deliver a copy of this Order and any proof of service forms to each law enforcement agency listed below:

Name of Law Enforcement Agency: _____

Address (City, State, Zip) _____

⑬ ☐ **No Fee for Service of Order by Law Enforcement**

The sheriff or marshal will serve this Order without charge because the Order is based on stalking or a credible threat of violence resulting from a threat of sexual assault or stalking.

Date: _____

►

Judicial Officer

Warnings and Notices to the Restrained Person in ②

You Cannot Have Guns or Firearms

You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get a gun while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to a licensed gun dealer or turn in to police any guns or firearms that you have or control in accordance with item ⑨ above. The court will ask you for proof that you did so. If you do not obey this Order, you can be charged with a crime.

Instructions for Law Enforcement

This Order is effective when made. It is enforceable anywhere in all 50 states, the District of Columbia, all tribal lands, and all U.S. territories and shall be enforced as if it were an Order of that jurisdiction by any law enforcement agency that has received the Order, is shown a copy of the Order, or has verified its existence on the California Law Enforcement Telecommunications System (CLETS). If the law enforcement agency has not received proof of service on the restrained person, and the restrained person was not present at the court hearing, the agency shall advise the restrained person of the terms of the Order and then shall enforce it. Violations of this restraining order are subject to criminal penalties.

(Clerk will fill out this part)

Clerk's Certificate

Clerk's Certificate
[seal]

I certify that this *Restraining Order After Hearing to Stop Harassment (CLETS)* is a true and correct copy of the original on file in the court.

Date: _____ Clerk, by _____, Deputy

This is a Court Order.

Clerk stamps date here when form is filed.

- ① Your name (person asking for protection):

Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: _____ State: _____ Zip: _____

Your telephone (*optional*): (_____) _____

Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*):

*Fill in court name and street address:***Superior Court of California, County of***Clerk fills in case number when form is filed.***Case Number:**

- ② Name of person you want protection from:

Request for Free Service

- ③ If you qualify for a fee waiver, complete *Application for Waiver of Court Fees and Costs* (form 982(a)(17)) and file it with this request. (*Check one*):

- a. ☐ I have completed and filed a fee waiver application.
b. ☐ I am not eligible for a fee waiver.

- ④ I am entitled to free service of the restraining orders by the sheriff or marshal because (*check either item a or b*):

- a. ☐ I asked for domestic violence prevention restraining orders on Form DV-100.
b. ☐ I asked for civil harassment restraining orders on Form CH-100, and my request was based on my fear of (*check at least one box, if applicable*):
(1) ☐ sexual assault.
(2) ☐ stalking.

(If you are not entitled to free service under a or b, you may be eligible under a fee waiver or may pay the sheriff or marshal to serve the restraining orders.)

I declare under penalty of perjury, under the laws of the State of California, that the information above is true and correct.

Date: _____

Type or print your name



Sign your name

(Order is on next page)



Case Number: _____

Protected person's name: _____

Court Order

- ⑤ The court has reviewed the request of the person in ① and finds that (*check one box only*):
- a. ☐ The person qualifies for a fee waiver under rule 985 of the California Rules of Court.
 - b. ☐ The person does not qualify for a fee waiver, but qualifies for orders under item 4a or 4b above.
 - c. ☐ The person does not qualify for a fee waiver or for orders under item 4a or 4b above.
- ⑥ The sheriff or marshal shall serve the restraining order (on Form DV-110 or DV-130 or CH-120 or CH-140 and reference documents) ☐ without cost ☐ with cost to the person in ①.

Date: _____

☐ Clerk, by _____, Deputy
(Clerk may grant in full a nondiscretionary fee waiver; see Cal.
Rules of Court, rule 985(d).)

— or —

☐ _____
Judicial Officer

Instructions for Protected Person

- Fill out page 1 of this form. This form will allow you to ask the sheriff or marshal to serve the restraining order on the restrained person. **There is no cost to you if you qualify under either item 4a or 4b on page 1.**
- Fill out the *Application for Waiver of Court Fees and Costs* (Form 982(a)(17)) if you qualify for a fee waiver based on financial need.
- Give the forms to the court clerk together with your request for a restraining order.
- Ask the clerk how to make sure the sheriff or marshal gets your papers for service.
- If you do not qualify for free service of the restraining order under this request or a fee waiver, you may pay the sheriff or marshal to serve the order on the restrained person.
- For more information about service, read *What is "Proof of Service"?* (Form CH-135 or Form DV-210).

Instructions for Law Enforcement

- Government Code section 6103.2(b) allows the sheriff or marshal to bill the court only for orders or injunctions described in subdivision (q)(1) of Code of Civil Procedure section 527.6. The sheriff or marshal may bill the court for service **only** if item 5b above is checked.
- If the sheriff or marshal is seeking reimbursement for service, the box below must be filled out and a copy of this form returned to the court listed on page 1. **This is not a proof of service.**

Service of the order was made or attempted on (date): _____ Fee for service: \$ _____

Date: _____

(Type or Print Name of Law Enforcement Representative)

(Signature of Law Enforcement Representative)

(Title and Agency)

(This is Not a Proof of Service.)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i>	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. <i>(Optional):</i>	
E-MAIL ADDRESS <i>(Optional):</i>	
ATTORNEY FOR <i>(Name):</i>	
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	
APPLICATION FOR WAIVER OF COURT FEES AND COSTS	CASE NUMBER:

I request a court order so that I do not have to pay court fees and costs.

1. a. ☐ I am **not** able to pay any of the court fees and costs.
b. ☐ I am able to pay **only** the following court fees and costs (*specify*):
2. My current street or mailing address is (*if applicable, include city or town, apartment no., if any, and zip code*):
3. a. My occupation, employer, and employer's address are (*specify*):
b. My spouse's occupation, employer, and employer's address are (*specify*):
4. ☐ I am receiving financial assistance under one or more of the following programs:
a. ☐ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
b. ☐ **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
c. ☐ **Food Stamps:** The Food Stamp Program
d. ☐ **County Relief, General Relief (G.R.), or General Assistance (G.A.)**
5. If you checked box 4, you must check and complete **one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.**
a. ☐ (*Optional*) My Medi-Cal number is (*specify*):
b. ☐ (*Optional*) My social security number is (*specify*):
 - - and my date of birth is (*specify*):
[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]
c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
[See Form 982(a)(17)(A) Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. ☐ My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. ☐ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. **[If you check this box, you must complete the back of this form.]**

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME)

(Financial information on reverse)

(SIGNATURE)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
--	--------------

FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]**
9. **MY MONTHLY INCOME**
- a. My gross monthly pay is: \$ _____
- b. **My payroll deductions are (specify purpose and amount):**
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- My TOTAL payroll deduction amount is: \$ _____
- c. My monthly take-home pay is
(a. minus b.): \$ _____
- d. Other money I get each month is (specify **source and amount**; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- The TOTAL amount of other money is: \$ _____
(If more space is needed, attach page labeled Attachment 9d.)
- e. **MY TOTAL MONTHLY INCOME IS**
(c. plus d.): \$ _____
- f. Number of persons living in my home: _____
Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, **or** on whom you depend in whole or in part for support:
- | Name | Age | Relationship | Gross Monthly Income |
|-----------|-------|--------------|----------------------|
| (1) _____ | _____ | _____ | \$ _____ |
| (2) _____ | _____ | _____ | \$ _____ |
| (3) _____ | _____ | _____ | \$ _____ |
| (4) _____ | _____ | _____ | \$ _____ |
| (5) _____ | _____ | _____ | \$ _____ |
- The TOTAL amount of other money is: \$ _____
(If more space is needed, attach page labeled Attachment 9f.)
- g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS**
(a. plus d. plus f.): \$ _____
10. **I own or have an interest in the following property:**
- a. Cash \$ _____
- b. Checking, savings, and credit union accounts (list banks):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):
- | Property | FMV | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):
- | Property | FMV | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):
\$ _____
11. **My monthly expenses not already listed in item 9b above are the following:**
- | | |
|---|----------|
| a. Rent or house payment & maintenance | \$ _____ |
| b. Food and household supplies | \$ _____ |
| c. Utilities and telephone | \$ _____ |
| d. Clothing | \$ _____ |
| e. Laundry and cleaning | \$ _____ |
| f. Medical and dental payments | \$ _____ |
| g. Insurance (life, health, accident, etc.) | \$ _____ |
| h. School, child care | \$ _____ |
| i. Child, spousal support (prior marriage) | \$ _____ |
| j. Transportation and auto expenses (insurance, gas, repair) | \$ _____ |
| k. Installment payments (specify purpose and amount): | |
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
- The TOTAL amount of monthly installment payments is: \$ _____
- l. Amounts deducted due to wage assignments and earnings withholding orders: \$ _____
- m. Other expenses (specify):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
| (5) _____ | \$ _____ |
- The TOTAL amount of other monthly expenses is: \$ _____
- n. **MY TOTAL MONTHLY EXPENSES ARE**
(add a. through m.): \$ _____
12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

